

City of Newton



Setti D. Warren  
Mayor

## HEALTH AND HUMAN SERVICES DEPARTMENT

Dori Zaleznik, MD, Commissioner

1294 Centre Street  
Newton, MA 02459-1544

Telephone 617.796.1420 Fax 617.552.7063



**Public Health**  
Prevent. Promote. Protect.

updated 2/11

### **APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT**

NAME OF ESTABLISHMENT: \_\_\_\_\_ TEL # \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

TYPE OF ESTABLISHMENT: \_\_\_\_\_

(Restaurant, Market, Caterer\*, Mobile, Bakery, Nursing Home, etc.)

MAILING ADDRESS: (IF DIFFERENT) \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_ TITLE \_\_\_\_\_ TEL # \_\_\_\_\_

NAME OF OWNER (IF DIFFERENT FROM APPLICANT) \_\_\_\_\_

ADDRESS OF OWNER (IF DIFFERENT FROM APPLICANT) \_\_\_\_\_

EMAIL ADDRESS OF OWNER \_\_\_\_\_

NAME, TITLE, HOME ADDRESS OF PARTNERS OR OFFICERS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ 24 HOUR TELEPHONE # \_\_\_\_\_

PERSON TRAINED IN ANTI-CHOKING PROCEDURES (25 SEATS OR MORE): YES \_\_\_\_\_ NO \_\_\_\_\_

**\*\* ☐ CHECK HERE IF APPLYING FOR LICENSE TO SELL MILK**

PURSUANT TO M.G.L. CH. 62C, SEC. 49A I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

PLEASE SUBMIT A COPY OF **CERTIFIED FOOD MANAGEMENT TRAINING CERTIFICATE WITH THIS APPLICATION**. APPLICATION MUST BE FULLY COMPLETED WITH FEE PAYABLE TO THE CITY OF NEWTON. *LICENSE WILL BE MAILED DIRECTLY TO ESTABLISHMENT.*

FOOD ESTABLISHMENT FEE ENCLOSED: \_\_\_\_\_

\*\$ 10.00 MILK LICENSE FEE: \_\_\_\_\_

TOTAL ENCLOSED: \_\_\_\_\_

\_\_\_\_\_  
FEDERAL IDENTIFICATION #

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL CORP/OFFICER

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## FOOD ESTABLISHMENT GUIDELINES

To obtain your permit to operate a Food Service Establishment or Retail Food Establishment, you must submit:

- A completed application (enclosed)
- A Copy of your Certified Food Management Training Certificate (for risk categories 2 – 5 only)
- Permit fee as indicated on the application label or as discussed with health inspector.
- You must notify the Health Department if you have changed or intend to change any procedures such as smoking of foods, vacuum packaging, or serving raw or undercooked items. You must submit proper plans and information to the Health and Human Services Department before undertaking any changes.

Food Service Establishments with 25 or more seats are required to have an employee trained in Anti-Choking Procedures.

- \* **A caterer is anyone who prepares, and *serves* food at a location other than the one listed on their permit, or prepares, transports and *serves* food at another location.**

**Fees are based on risk categories we have assigned to each establishment. If you have any questions, please call the Health and Human Services Department at 617-796-1420. Fee schedule is listed below.**

<b>Risk Category 1</b>	<b>\$50.00</b>
<b>Risk Category 2</b>	<b>\$150.00</b>
<b>Risk Category 3</b>	<b>\$250.00</b>
<b>Risk Category 4A (restaurant)</b>	<b>\$300.00</b>
<b>Risk Category 4B (retail)</b>	<b>\$400.00</b>
<b>Risk Category 5 (food processing)</b>	<b>\$400.00</b>

John McNally, R.S.  
Senior Sanitary Inspector

Enclosure:

MAKE CHECK PAYABLE TO CITY OF NEWTON

**THE HEALTH AND HUMAN SERVICES DEPARTMENT IS OPEN ON TUESDAY EVENINGS UNTIL 8 PM**